



Charter Student Withdrawal Form

Student Information

Please withdraw _____ from classroom
(student name)

number _____ effective on _____.
(classroom number) (month, day, year)

New School Information

Name of School: _____

Address: _____

City, State, Zip: _____

Reason for Withdrawal

Name of Parent (please print): _____

Parent Signature: _____ Date: _____

Please return this form via email to enrollment@sterlingmontessori.org.